

Salem County Department of Health and Human Services

ENVIRONMENTAL DIVISION

110 Fifth Street, Suite 400 – Salem, New Jersey 08079

856-935-7510 ext. 8448 - 856-358-3857

Fax 856-935-8483



Dear Mobile Vendor Applicant,

Thank you for expressing interest in becoming a mobile food vendor in Salem County. After you review all the documents and if you still have questions please feel free to contact the office. Most if not all of your questions will be answered after you read through our requirements. You will need to download the following: (if information has been emailed to you, these documents will be attached as well)

1. The instructions on how to complete our mobile food application.
2. The application itself.
3. A question and answer document, you will get a lot of your questions answered from this document. (FAQ)
4. A copy of Chapter 24 food code in NJ
5. A document regarding tax identification numbers

Documents that you will have to submit along with the application are –

1. A driver's license and registration of the vehicle that will be transporting the equipment for your mobile operation (table top operations are still considered mobile vending operations).
2. A copy of your NJ sales tax ID document
3. **A full copy of your menu of all foods you will be serving at the event**
4. Where you get any of your food or food products (ingredients) or any other food items served. (Receipts need to be with you at the time of inspection). Please submit a previous receipt so we can verify the facility
5. Please attach a more detailed specific layout drawing on a separate piece of paper showing your operation setup at the event, restroom locations, trash disposal and waste water discharge areas shall be clear on the sketch.
6. The servicing area manager/owner must fill out page 3 of the application. Foods cannot be cooked, stored, etc at your home kitchen.
7. The most updated current full inspection report from the local health department along with the rating placard for your servicing area (your servicing area must have a satisfactory rating).

Once you have submitted your application and all the required documents, an inspector from this department will contact you if we need additional information or to setup a pre-operational inspection of your mobile operation.

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INSTRUCTIONS FOR APPLICATION COMPLETION

If you serve food to the public, you are required by state law to have an approval from the local health department **prior** to operating. It does not matter if the food is sold or given away, you **must** have an approval.

A **Mobile food establishment** is any movable restaurant, truck, van, trailer, cart, bicycle, watercraft, or other movable unit including hand carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations. A *temporary* food establishment operates for no more than 14 consecutive days in conjunction with a single event or celebration. A *seasonal* food establishment operates during specific months of the year, usually weather related, as designated by the operator on the application. An *annual* food establishment operates on a routine schedule year round. Fees for food application and inspection are dependent upon what county your business is located. Contact your local health department for more information.

PAGE 1, PART 1: TO BE COMPLETED BY FOOD VENDOR

Mobile Vendor Business Information

Trading Name: Write the trade name that identifies the mobile facility.

Owner/Corporation Information: Provide *Name, Street location, Mailing Address, Home/Cell/Fax Numbers, Email* for the responsible individual of the mobile retail food business. Indicate the *Contact person*, the person who is most knowledgeable about food operations, their *Phone/Cell Numbers and Email*.

Type of Mobile Unit

Provide this basic information about the general type of mobile unit you have such as a vehicle, cart, tabletop/tent, etc

Sanitation/Personal Hygiene & Other Equipment: Using the chart, check ALL the equipment necessary to prevent food contamination that is part of your mobile unit for *sanitation, personal hygiene and other equipment*. You may write in items that are utilized but not listed in these sections. Ensure that you have all the necessary equipment to store clean water, dispose of wastewater, provide running water, properly clean hands and surfaces often, prohibit staff from touching foods with their bare hands that don't require additional cooking (Ready-to-Eat food), protect foods in storage, separate raw meats and eggs while being stored and thermometers to monitor temperatures of food and units.

Mobile Food Unit Operation Schedule

List ALL physical *vending locations/event information and the months/days/times* you intend to serve food. Provide *Names of Events, Days/Times* operating at event & *Event Contact Person Name/Phone#/Email*. You must ensure that the application is as complete as possible. The more information you supply on the application, the better. However, if you want to add a location, event or make any other changes to your initial application, contact the local health department in the area of the vending location to obtain and complete an amendment form for the changes or added information. Any changes in your operation must be reported to the health department immediately. Also remember that each *municipality* within each county has separate and unique requirements; vending permits may also be required.

PAGE 2, PART 1: TO BE COMPLETED BY FOOD VENDOR

Description of Food Operation (including MENU-FOOD SOURCE-EQUIPMENT-PREPARATION-HANDLING-STORAGE):

List ALL food & drink that you plan to serve. If you need additional forms, make copies or contact the health department for additional forms. Once the food items are listed, fill-in ALL boxes across the grid row for that food item such as listed raw animal or plant ingredients, where the item was purchased and prepared, how the item is cooked, cooled, held hot, reheated and/or held cold. Include an English translation when necessary; please notify the local health department if you need help with translations. ***FOOD CANNOT BE PREPARED FROM HOME!!!!** It is important to have receipts onsite for all food items that you buy. Also, monitor food temperatures and storage units at all times using thermometers!!!! Ensure that you cook potentially hazardous food (containing raw animal or plant ingredients) to proper temperature (PHF is food that requires temperature control because it can grow bacteria, toxin and other microorganisms (germs) that cause illness), maintain foods at refrigerated temperatures of 41F or below or keep foods hot at 135F or above and separate raw meats and eggs from while being stored so you don't cross contamination.

PAGE 3, PART 2: TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

In order to obtain a mobile food approval, the mobile facility must operate from an approved fixed food establishment referred to as a *servicing area*. Mobile facilities must have an agreement with approved servicing area with a current health department approval. A home kitchen is NOT an approved servicing area.

Servicing area business information: Provide the *Trade Name* that identifies the servicing area, the *Sale Tax ID#* (see bottom of pg for more information on sales tax), *Owner/Corporate Name* and *Physical Address and Fax#*. Provide the last

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inspection date conducted by the local health department. A copy of the most current inspection report is required if the servicing area is NOT inspected by the local health department where mobile application is being made.

I provide what foods for the mobile unit: Check all boxes that pertain to the foods *your business provides* to the vendor.

I provide what services for the mobile unit: Include all the ways and in what capacity your facility accommodates the mobile vendor's operation by checking all boxes that apply. Is the mobile vendor preparing food at your facility? Storing food (dry goods, grocery, cold foods in refrigerator)? Storing utensils & equipment? Returning to your facility to use the 3 compartment sink for wash/rinse/sanitizing food contact surfaces of equipment and utensils? Disposing of trash, wastewater or grease? Park their mobile unit at your facility? Plug their mobile unit into electric at your facility?

What days and times does the mobile vendor report to my facility : You have indicated in the last 2 sections how the mobile vendor will be utilizing your facility. In this section, you must indicate the days and times of the week when the vendor has access to your facility. In making these arrangements, consider when the mobile vendor can come into your facility without interrupting your retail food operations for your business. Consider the vendors food & equipment storage needs, food prep time, and cleaning/sanitizing needs both during and at the end of their proposed workday.

Certification/signature: Read this section carefully and sign that you understand your role in the mobile food operations and have provided correct information. The agreement between the mobile vendor & servicing area is part of the application approval and grants approval for specific days, times & location of food operations at the servicing area and vending locations. Both parties have the obligation to notify the health department when servicing area, vending locations, set-up, menu, staff or any other changes are made from the approved application.

PAGE 4, TOP SECTION: REQUIRED ATTACHMENTS (BOTTOM SECTION: HEALTH DEPT/OFFICIAL USE ONLY)

NJ Certificate of Authority (Sales Tax Registration) NJ law requires anyone including all vendors, even seasonal businesses and "one-time" vendors, who makes retail sales and therefore conducts business in NJ to register with the State for tax purposes at least 15 business days before starting business and to collect NJ sales tax on all sales of taxable tangible personal property or services. There are no special provisions for temporary vendors. Once registered, you must file all required returns until you properly end your tax registration with NJ. To obtain a NJ Sales Tax ID#, you can register online or file a paper application. File Form NJ-REG (Business Registration Application) to register with the State *and* to obtain a NJ Tax ID #. For additional information on registering your business contact the NJ Dept of Taxation at 609-292-6400, email nj.taxation@treas.state.nj.us or visit www.state.nj.us/treasury/revenue/gettingregistered.shtml Publications: <http://www.state.nj.us/treasury/taxation/publsut.shtml>

Driver's License and Vehicle Registration: Copies required for ALL operators of the mobile unit, regardless of what type of unit. This information is required in compliance with NJ Division of Motor Vehicle (NJDMV). The Vehicle Identification Number (VIN) that is inscribed on the vehicle must match the number located on the vehicle registration card.

Floor Plan: Sketch/layout/photo diagram of your operation. Draw/print/photo of the arrangement of all equipment & food preparation areas. Include restroom.

Water Testing Records: NJ state certified laboratory results for water utilized for food operations.

Food Protection Managers Certification: If you are classified as a Risk Type 3 food facility, one that prepares and serves Potentially Hazardous Foods (raw animal/plant products), serves a susceptible population *or* has a large menu which requires the complex preparation including cooking, cooling & reheating of 3 or more potentially hazardous foods, you must have at least one person in charge (PIC) of the facility operations to be certified as a Food Manager (CFM).

Employee Health & Hygiene Written Policy: Provide a copy of instructions prepared for employees for: proper hand washing procedures; duty reassignments or work restrictions of sick employee; designated smoking areas, prohibitions and/or procedures for returning from a smoke breaks; required work attire including things such as clean clothing or uniforms, aprons, hair nets, hats, etc and other applicable prohibitions or restrictions for things including jewelry, artificial nails, and nail polish.

Servicing Area's Last Inspection Report: Provide a copy of the last inspection report for the servicing area. This must be the full report, not just the placard. IF the servicing area is inspected by the same health department to which you are submitting the mobile food establishment application, no report is necessary.

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MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

☐ SEASONAL ☐ ANNUAL ☐ TEMPORARY

PART 1 TO BE COMPLETED BY FOOD VENDOR

MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor: _____
Owner/Corporation: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: (if different) _____
Home Phone#: _____ Cell#: _____ Fax#: _____
Email: _____

Contact Person: _____ Phone#: _____ Cell#: _____
Email: _____

TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)

☐ Push Cart ☐ Tabletop/Tent ☐ Food Preparation Vehicle ☐ Trailer ☐ Refrigerated Vehicle ☐ Other: _____

Sanitation/Personal Hygiene	Other Equipment
<input type="checkbox"/> Hot/cold Running Water	<input type="checkbox"/> Trash Container
<input type="checkbox"/> Freshwater Container _____ gals	<input type="checkbox"/> Sneeze Guards
<input type="checkbox"/> Wastewater Container _____ gals	<input type="checkbox"/> Extra Utensils
<input type="checkbox"/> Hand Sink w Warm Running Water	<input type="checkbox"/> Covered Containers
<input type="checkbox"/> Insulated Container w Free Flow Spout	<input type="checkbox"/> Foil, Plastic Wrap
<input type="checkbox"/> 3 Compartment Sink w hot/cold running water	<input type="checkbox"/> Thermometers
<input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer	<input type="checkbox"/> Sanitizer/test kit
<input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap	<input type="checkbox"/> _____

MOBILE FOOD UNIT OPERATION SCHEDULE (CHECK/LIST ALL THAT APPLY)

Where will you serve food: _____

Months: ☐ Events Only (see below) ☐ Every Month of Yr ☐ Selected Months (circle): J-F-M-A-M-J-J-A-S-O-N-D

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Times of Operation: M _____ Tu _____ W _____ Th _____ F _____ Sa _____ Su _____

If Temporary/Special Event(s):

Name of Event(s): _____

Days & Times at the Event: _____

Event Contact Person: _____

Email: _____ Phone#: _____

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DESCRIPTION of FOOD OPERATIONS:MENU ITEMS-SOURCE-PREP-HANDLING-STORAGE-EQUIPMT

NO HOME PREPARED FOODS ALLOWED!!! TAKE TEMPERATURES!! YOU MUST HAVE RECEIPTS ONSITE FOR ALL

FOOD ITEMS YOU BUY! (copy if additional forms are needed)**

List EVERY Food & Drink & how many servings of each item	IF this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE,PHONE # &ADDRESS	Prepared at Vending site (V) or Servicing Area (SA)?	Cooked at Vending site (V) or Servicing Area (SA)?	How do you COOK this food item? List EQUIPMENT USED & POWER SOURCE	How do you quickly cool the food item? List COOLING EQUIPMENT USED & POWER SOURCE	How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED & POWER SOURCE (No Sternos)	If reheating item for hot holding, List REHEATING EQUIPMENT USED & POWER SOURCE	How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED & POWER SOURCE
<i>Example: Chicken Tenders,50</i>	<i>Raw Chicken</i>	<i>XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ</i>	<i>SA</i>	<i>SA</i>	<i>Oven, Natural Gas</i>	<i>Walk-in Refrigerator, or, Electric</i>	<i>N/A</i>	<i>N/A</i>	<i>Refrigerator, or, Electric</i>

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<i>Example: Chicken Tenders,50</i>	<i>Raw Chicken</i>	<i>XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ</i>	<i>SA</i>	<i>SA</i>	<i>Oven, Natural Gas</i>	<i>Walk-in Refrigerator or, Electric</i>	<i>N/A</i>	<i>N/A</i>	<i>Refrigerator, Electric</i>

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PART 2 TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

SERVICING AREA BUSINESS INFORMATION

Trading Name of Servicing Area _____ Sales Tax ID# _____
Owner/Corporate Name _____
Address: _____
Last Inspection Date _____ Fax # _____

I PROVIDE THE FOLLOWING *FOODS* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

- ☐ Packaged Foods ☐ Water Supply ☐ Prepared Hot Foods ☐ Raw Fruits and vegetables
☐ Beverages ☐ Ice for consumption ☐ Prepared Cold Foods ☐ Raw Meats and/or Seafood
☐ Other _____

I PROVIDE THE FOLLOWING *SERVICES* FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

- ☐ Space for the mobile vendor/operator to prepare food at my servicing location
☐ Space for the mobile vendor/operator to store the mobile unit at my servicing location
☐ Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area
☐ Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
☐ Refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc)
☐ Storage of non-hazardous foods, utensils & equipment
☐ 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
☐ Trash and garbage disposal
☐ Waste water disposal
☐ Grease/oil disposal

THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):

- ☐ Beginning of the day ☐ End of the day ☐ Other _____
Time _____ Time _____ Time _____
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a “servicing area”) and that all mobile units/vehicles return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited as per N.J.A.C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.

Servicing Area Owner/Operator (print) _____ Date _____
Servicing Area Owner/Operator (signature) _____

Mobile Owner/Operator (print) _____ Date _____
Mobile Owner/Operator (signature) _____



Hygiene Plan Affidavit

I, _____ the undersigned, am the duly authorized representative of:

Name and address of Food Establishment

I hereby certify as per NJAC 8:24 – 2 that my food operation complies with the hygiene practices attached to this affidavit.

Please provide a brief description of how your food establishment (mobile food vending operation) complies with the hygiene practice requirements under Chapter 24 of the NJ state sanitary code:

I hereby swear (or affirm) that the statements, brief description made and answered by me are true. I am aware that if any of these statements and brief description made by me is willfully false, then I am subject to criminal prosecution for false swearing; and that filing a fraudulent affidavit could result in the assessment of civil penalties.

Date: _____

(Print Name & Title as the company official)

(Signature)

(Telephone number)

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ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

- ☐ Copy of *New Jersey Certificate of Authority* for mobile vendor/company (sales tax document)
- ☐ Copy of *Driver's License* (for all mobiles regardless of type of unit)
- ☐ Copy of *Vehicle Registration* (for all mobiles regardless of type of unit)
- ☐ **Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- ☐ **Water Testing Records** (private wells only)
- ☐ Copy of *Food Protection Managers Certification*, if required
- ☐ **Employee Health & Hygiene Written Policy**-include instructions for hand washing, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
- ☐ Copy of **Servicing Area's Last Inspection Report** if NOT inspected by the THIS Health Dept.

BELOW SECTION IS FOR OFFICIAL USE ONLY:

MOBILE VENDOR NAME: _____ UNIT #: _____

APPROVED DATE: _____ EXPIRATION DATE: _____

Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)

Approval Restrictions:

Inspector: _____ Approval Effective Date: _____

DISAPPROVED: DATE: _____

Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)

Reasons for disapproval:

Mobile Retail Food: Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self contained mobile unit inspections are conducted at the health department office and at your servicing area. **Inspections are valid until December 31st of the current calendar year.**

Temporary Event Retail Food Establishment: A mobile retail food establishment that operates for a period of **no more than 14 consecutive days** in conjunction with a single event or celebration. This application must be submitted and approved at least 7 days prior to the event. An on-site inspection at the event may be performed up to one hour prior to the start of the event. Approvals expire in 14 days or at the end of the event. An application amendment may be submitted for future events.

Risk (1) application review	\$0	Risk (1) inspection	\$0
Risk (2) application review	\$0	Risk (2) inspection	\$0
Risk (3) application review	\$0	Risk (3) inspection	\$0

FEES: Fees may vary, please check with each health department covering the areas that you are vending.